

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>H.A.</i>		<i>08/30/01</i>
<b>O.I.P.E. CLASSIFIER</b>			<i>9/06/01</i>
<b>FORMALITY REVIEW</b>	<i>SA</i>	<i>1085</i>	<i>10-2-01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	N
4	N
5	N
6	✓
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8	N
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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9/23  
10/01